

Ancestral File (TM) - ver H410

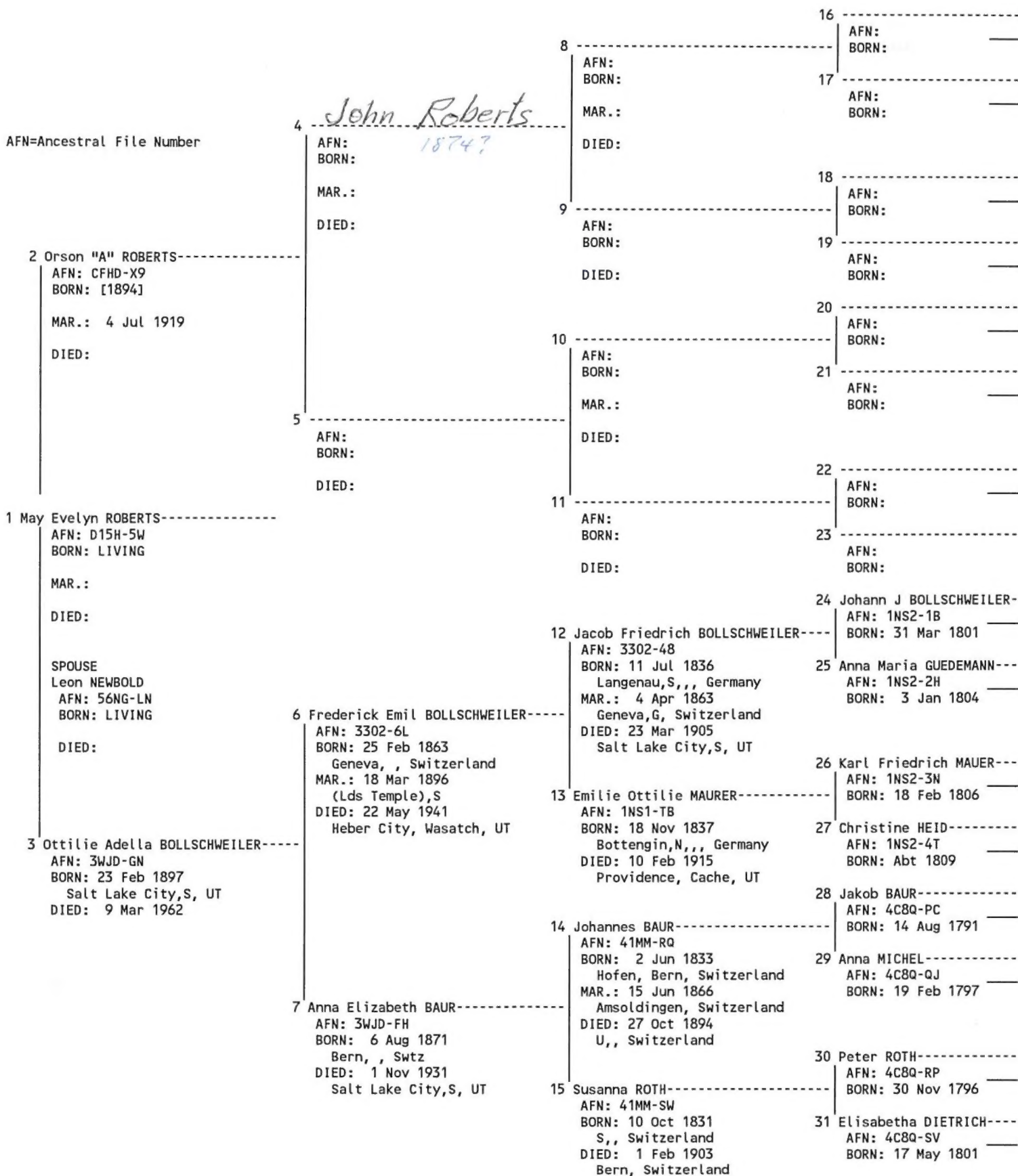
PEDIGREE CHART

28 OCT 1992

Chart 1

No. 1 on this chart is the same as no. \_\_\_\_\_ on chart no. \_\_\_\_\_

AFN=Ancestral File Number



path through the evil designs  
angels.

will have many opportunities  
, and in the service of your  
ice and <sup>worthy</sup> resolve in each of these  
it will be your joy, and great  
seek to discharge these  
turn.

n seeking truth, and seeking  
men.

ures. Have them by your side  
see what the Lord has outlined  
ds and <sup>righteous</sup> purposes. Your joy will  
seek to study the scriptures  
these latter days.

ed and wedded to a fine, young  
.D.S. background. You will be  
rd.

ize the opportunities to teach  
ight, that they may also bathe

HALF-LIFE	26 HOURS	2-3 DAYS	21 HOURS (wide intersubject variability)	10-25 HOURS	16-36 HOURS	3-9 HOURS	OURS
	ZOLOFT	FLUOXETINE	PAROXETINE	AMITRIPTYLINE	NORTRIPTYLINE	TRAZODONE	BUPROPION
	SELECTIVE SEROTONIN REUPTAKE INHIBITORS		TRICYCLICS		ATYPICAL ANTIDEPRESSANTS		

# Pharmacologic Parameters of Select Antidepressants

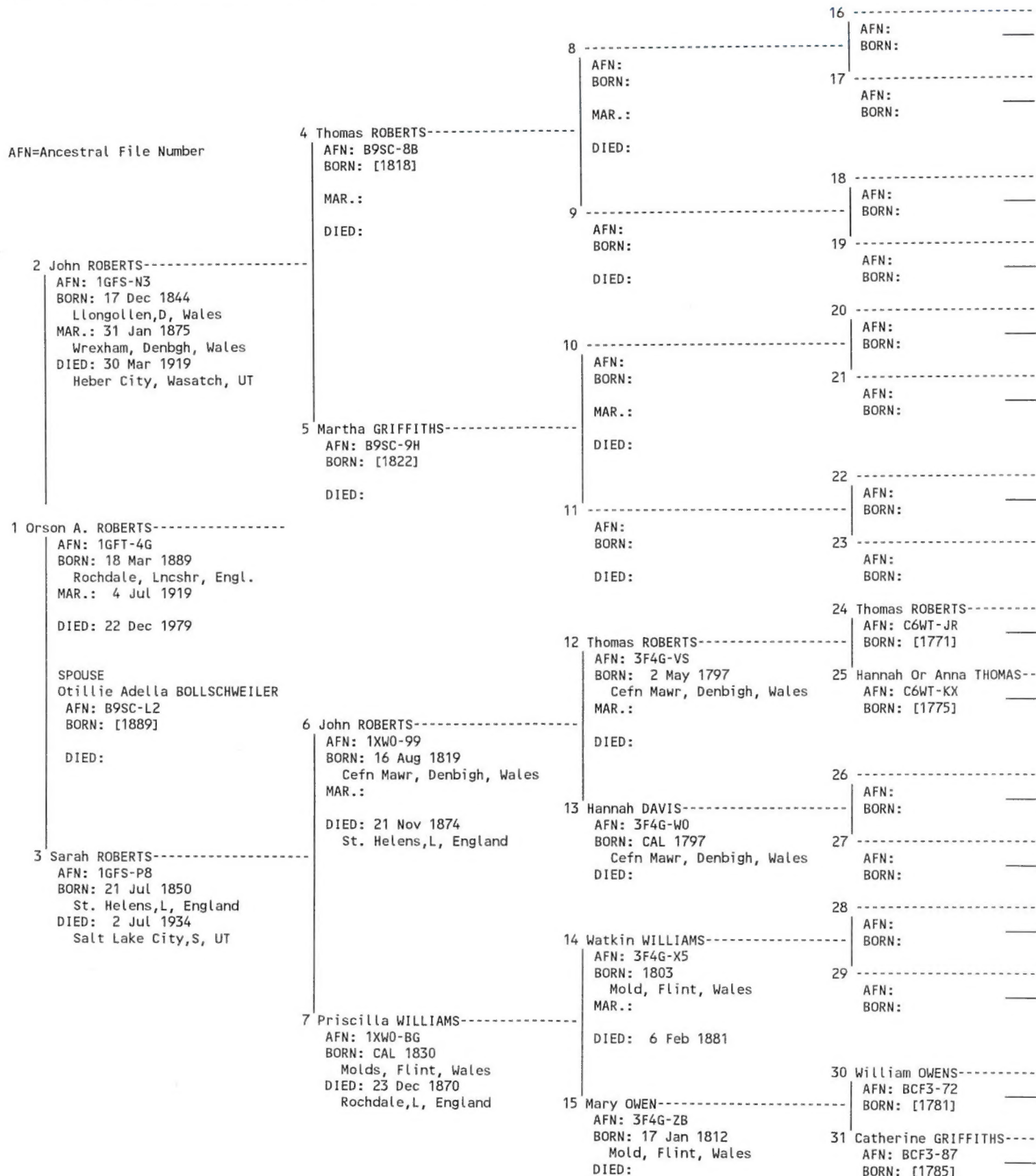
Ancestral File (TM) - ver 4.11

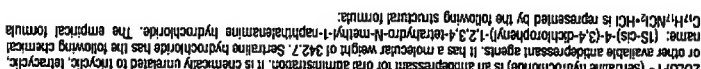
PEDIGREE CHART

27 OCT 1993

Chart 1

No. 1 on this chart is the same as no. \_\_\_\_\_ on chart no. \_\_\_\_\_





**Zolift®**  
(sertraline hydrochloride)  
Tablets

Alteration of Mental/Hypomania—During premarketing testing, hypomania or mania occurred in approximately 0.4% of patients with major affective disorder treated with divalproex. Activation of mania/hypomania was also reported in a small proportion of patients with major affective disorder treated with other antiepileptics.

Weight Loss—Significant weight loss may be an undesirable result of treatment with zonisamide for some patients, but on average, patients in controlled trials had minimal (1 to 2 pound weight loss, versus smaller changes on placebo). Only rarely have seizures been discontinued for weight loss.

Seizures—Zonisamide has not been evaluated in patients with a seizure disorder. These patients were excluded from clinical studies during the product's premarketing testing. Accordingly, the other antiepileptics, zonisamide should be introduced with care in epileptic patients.

Stuffed—The possibility of a suicide attempt is inherent in depression and may persist until significant remission occurs. Close supervision of high risk patients should accompany initial drug therapy. Prescriptions for zonisamide should be written for the smallest quantity of tablets consistent with the patient's needs.

Weak Antiepileptic Effect—Zonisamide is associated with a mean decrease in serum topiramate of approximately 7%. The clinical significance of this weak antiepileptic effect is unknown, and there have been no reports of acute renal failure with zonisamide. Use in Patients with Concurrent Illness—Clinical experience with zonisamide in patients with certain concomitant systemic illness is limited. Caution is advisable in patients with diseases or conditions that could affect metabolism or hemodynamic responses.

Zonisamide has not been evaluated or used in any appreciable extent in patients with a recent history of myocardial infarction or unstable heart disease. Patients with these diagnoses were excluded from clinical studies during the premarketing testing.

Concomitant Testing—The data indicate that zonisamide is not associated with the development of significant ECG abnormalities.

Zonisamide is extensively metabolized by the liver, the clearance of which varies with the degree of renal impairment. In patients with renal impairment, a lower or less frequent dose should be used in patients with creatinine clearance less than 30 mL/min. The elimination half-life is 15 to 20 hours in subjects with normal renal function. Excretion of unchanged drug in urine is a minor route of elimination. However, until the pharmacokinetics of zonisamide have been studied in patients with renal impairment and until adequate numbers of patients with severe renal impairment have been evaluated during chronic treatment with zonisamide, it should be used with caution in patients with severe renal impairment.